

Shelby County Health Department
2000 County Services Drive
Pelham, AL 35242
Phone (205)685-4178 Fax (205)664-3411

**APPLICATION FOR A PERMIT TO CONSTRUCT OR REPAIR A
SWIMMING POOL OR SPA**
{ } NEW { } REPAIR

Date _____, 20____

Name of Establishment _____ Phone # _____

Applicant Business Structure is (check one):

___ Corporation ___ Limited Liability Corporation(LLC) ___ *Individual/Sole Proprietorship ___ Partnership
___ Nonprofit Corporation ___ Municipality ___ County ___ State ___ Joint City/County Other _____

Street Address _____ City _____ Zip _____

Name of Owner/Proprietor _____

Mailing Address(if different) _____ City _____ State _____ Zip _____

Manager's Name _____

Name of Pool Contractor _____

Mailing Address _____ City _____ State _____ Zip _____

FACILITY CLASSIFICATION

{ } Class A-Competition { } Class B- Public { } Class C-Semi-Public { } Class D- 1 through 6
Wave Action,Activity, Catch Pool, Leisure River, Vortex Pool, Interactive Play Attraction
{ } Class E- Spa, Therapy, Exercise { } Class F-Wading

TYPE OF POOL

{ } Outdoor

{ } Indoor

Filter Type _____

Gallons of Water _____

Water Supply _____

Construction Material _____

Construction Company Contact Person _____ Phone # _____

I hereby certify that the above statements are true and correct, and I(we) agree to comply with all of the provisions of the Shelby County Board of Health Rules, and hereby authorize the County Health Officer, the State Health Officer, or their representatives to enter upon the premises of the above named establishment for inspection purposes.

Signed _____ Title _____